Psychoanalysis and the Psychic Disorder of General Paresis

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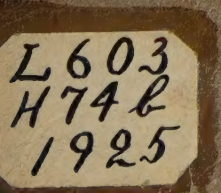
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NERVOUS AND MENTAL DISEASE MONOGRAPH SERIES NO. 42

Psychoanalysis
and the
Psychic Disorder of General Paresis

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AUTHORIZED ENGLISH
BY
GERTRUDE M. BARNES
AND
GÜNTHER KEIL

NEW YORK AND WASHINGTON
NERVOUS AND MENTAL DISEASE
PUBLISHING COMPANY
1925

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1925

CONTENTS

PAGE

I. Literary Preface 1

II. Observations (Hollós) 8

III. Theoretical Consideration (Ferenczi) 32

63750

PSYCHOANALYSIS AND THE PSYCHIC DISORDER OF GENERAL PARESIS

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I. LITERARY PREFACE

In wishing to prove that it is one of the greatest errors to wish to explain psychiatric symptoms psychologically, Nissl[1] gives, among other examples, the following: "Although the general paretic apparently may offer the same pictures as those we observe in hysteria, in manic-depressive psychoses, or in paranoia, and so on, and although all symptoms, under certain circumstances, may disappear, also in the paretic, without leaving traces, nothing is known to me of psychological explanations. Here one accepts the same thing over which one is completely puzzled in other diseases, as something self-evident and necessary, which is founded in the very nature of the paretic process." Nissl is right—not as regards representing all psychic phenomena of the paretic as self-evident, but in his contention that up to this time, hardly anyone has ventured to advance psychological analysis of the psychotic symptoms of general paresis.

Even the otherwise courageous Kretschmer in his psychopathological investigation and its relation to present clinical psychiatry[1a] scarcely dares "to shake so firmly established a clinical picture as

[1] Nissl. Hysterische Symptome bei einfachen Seelenstörungen. Zentralblatt f. Nervenheilkund. u. Psychiatrie, 13, 1902, 2.

[1a] Die psychopathologische Forschung und das Verhältnis zur heutigen klinischen Psychiatrie. Zeitschrift für die gesamte Neurologie und Psychiatrie, Bd. 57, 1920.

that of general paresis," so that at the very most he adduces the constitutional factor in the genesis of paresis.

One must admit, to be sure, that the impression made upon the investigator by the physical symptoms, by the progressive palsies, and especially by the pathological anatomical state, so preponderate over the impression of the psychotic symptoms that it is only too intelligible when here the courage of the psychological investigator, too, diminishes. Nothing was more natural than simply connecting the dementia with the gross organic cerebral changes, *i.e.,* atrophy of the cortex. However, the psychical symptomatology of paresis is by no means only an intellectual deterioration. On the contrary it contains almost all the mental symptoms which occur in other psychoses, very frequently the most characteristic symptoms of mania, of melancholia, of paranoia, and of dementia precox. In many cases the diagnosis for a long time oscillates between a "functional psychosis" and paresis, and only the beginning of pupillary stiffness, a facial palsy, or the finding of a "positive Wassermann," is the determining factor.

There is only one psychical symptom of general paresis, the contents of which one has tried to explain: the paretic delusions of grandeur. Bayle,[2] who isolated the clinical picture of paralysis, has already attempted its explanation. He traced the ideas of grandeur back to overnourishment of the cortex. Baillarger, Gubler, Meschede, Voisin, Meynert, and others, brought the euphoria and delusions of grandeur into causal relation with central hyperemia. Weichbrodt[3] states that, just as in psychoses induced by erysipelas and other infectious diseases, the activity of the toxin causes ideas of grandeur to arise, so the toxins of the *Treponema pallida* can also have this effect, if the organism becomes numerous enough in the brain. A middle ground between physiological and psychological explanations of grandiose ideas is that of Krafft-Ebing, Sully, and Anton. According to Anton, paresis transforms the perceptions of the easily diagnosed paretic into active productions of phantasy. The patient, in the rôle of a supergod, causes the sun to rise and set, causes rain, and so on, because the confusion between wish and perception of natural phenomena gives rise to the illusion of having caused the latter (*i.e.,* the phenomena of nature) by the former (*i.e.,* his wish).

[2] Kornfeld und Bickeles. Über die Genese und die pathologischanatomische Grundlage des Grössenwahns bei der progressiven Paralyse. Allgem. Zeitschr., 49, 1893, S. 337.

[3] Über die Entstehung von Grössenideen. Arch. f. Psych., 57, 1911.

It seems that, by this explanation, the author traces back the factor of an easily determined diagnosis to patho-physiological causes.

Kaufmann[4] holds that euphoria is not the cause of the grandiose ideas, but a psycho-somatic disorientation, a hypochondriacal feeling of strength and well being, which is rooted in organic sensations. Kraepelin also seeks a middle path between pathology and psychology by placing emphasis on the defect states. The delusions of grandeur are enhanced through the incompleteness of memory. But an explanation for the partial character of this loss of memory is still lacking. Mendel presumably comes nearest to the truth when he claims that ideas of grandeur are derived from anatomical pathological changes, just as little as are normal thoughts from the histology of the cortical cells.

As we see, certain psychic symptoms of general paresis have not been accepted as so entirely self-evident, as is represented by Nissl. But the psychological attempts at explanation hitherto made have not even raised the question why dementia or delusions of grandeur may have taken this or that form, or had this or that significance; of course pathological anatomy hitherto exclusively consulted would have been equally unable to solve these problems.

In the explanation of the psychic symptoms of paresis in the earlier literature, one quoted for illustration certain individual characteristics of the patients, but since the discovery of the exclusive character of the luetic etiology this direction of investigation has been pushed into the background. Nevertheless, insight is again gradually beginning to break ground for the principle that in a correct, etiological equation of paresis, endogenous factors must be considered as well as exogenous, bacterio-toxic factors. Although these tendencies do not lie in the direction in which we would investigate paresis, a short summary of the same will be of interest. Charcot spoke of an innate disposition towards paresis, and designated lues as only a "provocative agent." Näcke[5] thinks that most paretics were sanguine or choleric persons. Fauser[6] calls them "sunny natures"; from this might be explained the ease with which ideas of grandeur originate in them. Hoppe speaks of an abnormal dispo-

[4] Zur Pathologie der Grössenideen. Zeitschr. f. Psych., LXV. Über die Entstehung von Grössenideen. Arch. f. Psych., 57, 1917.

[5] Erblichkeit und Prädisposition, respektive Degeneration bei der progressiven Paralyse der Irren. Arch. f. Psych., 41, S. 294, 1906.

[6] Endogene Symptomenkomplexe bei exogenen Krankheitsformen. Allg. Zeitschr., Bd. 62, S. 161.

sition; Schüle and Cullers, of inferiority; Raecke of a neuropathic disposition, and Näcke says in his work that paretics are often even from their childhood up abnormal people. Pilcz and Orschansky deny a relation between degeneration and paresis; on the contrary, according to them, degeneration presupposes a certain immunity to paresis.

It is not without interest that recently even a brain anatomist like von Monakow[7] emphasizes the inadequacy of the purely pathological attempts at explanation of psychic symptoms; indeed, he points out directly that bio-genetic factors are too little emphasized in psychiatry.

The latest tendencies in psychiatric nosology, which received a strong impulse towards the beginning of the last century, and which even to-day call forth heated discussions, really culminate in the question, to what extent endogeny plays a rôle in psychic, and especially organic disease. Dreyfus[8] said in 1906, very modestly, "At any rate, according to the result of this investigation, we are by no means justified in placing paresis in opposition to most other psychoses, and in saying that the endogenous factor plays an essentially minor rôle compared with other psychic maladies." The relation of the psycho-pathological to the organic changes also was being actively discussed. Hoche,[9] however, speaks of preformed functional complexes or preformed psychic mechanisms, which he conceives of as a result of elementary dispositions formed in motor and sensory regions.

A categorical difference between psychoses that have an intel ligible "meaning," and those in which this is not the case, is stated by Jaspers,[10] who excludes paresis (without saying so directly) from those diseases which can be understood psychologically. He says: "A deep chasm seems to lie between those psychoses which in spite of extreme craziness and disorderly activity yet show comprehensible

[7] v. Monakow. Biologie and Psychiatrie. Schweizer Archiv f. Neur. u. Psych., 4, Bd., 1919. Also see his Emotion, Morality and the Brain. Jl. N. & M. D., 1923, 1924, to be published as a monograph by the Nervous and Mental Disease Publishing Co.

[8] Welche Rolle spielt die Endogenese in der Ätiologie der progressiven Paralyse? Zeitschr. f. Psych., LXIII, 5.

[9] Hoche. Die Bedeutung der Symptomenkomplexe in der Psychiatrie. Zeitschr. f. d. ges. Neur. u. Psych., Orig. 12.

[10] Jaspers. Kausale und verständliche Zusammenhänge zwischen Schicksal und Psychose bei der Dementia Praecox. Zeitschr. f. d. ges. Neur. und Psych., 1913, XIV, Orig.

fundamental relationships, and those consisting of simple destruction in which our understanding finds only a simple reduction of such logical relationships."

The more intensively the psychoses are observed, and the more fruitful the clinical work of Kraepelin becomes, the more one must take into consideration the endogenous, constitutional, characterological, biological, and psychic factors. Thus there has originated "structural analysis" (Kraepelin), the double, somatic and psychic, systematized series (Koertke), diagnosis in more than one dimension (Kretschmer), the stratum diagnosis, etc. With the new points of view and observations of a new kind, the nosological forms have become still more uncertain and hazy, but psychiatry has become richer by reason of this experience in that it realizes still unknown transitional forms between the well isolated classes of organic and functional diseases. Bonhoffer[11] states that the admixture of endogenous and exogenous symptoms is the cause of rendering classification of the psychoses so difficult. The tendency to investigate the psychological factor in the psychoses has paused before the organic diseases, to preserve, as it were, the established doctrines concerning organic disorders. C. Neisser absolutely rejects this theory. He denies that any continuity exists between natural character disposition and the psychosis; on the contrary, according to Neisser,[12] disease signifies a break with the whole past. Bumke[13] expresses himself more moderately in a polemic dissertation: "Objectively speaking, all statements based on Kraepelin's clinical manner of investigation, and all proposals concerning an introduction of a 'structural analysis,' and concerning a diagnosis of more than one dimension, and all proposals concerning the rejection of the somatic, and the intensification of the psychological, point of view, which have been made recently—all these seem to me significant and productive only in the following self-evident assumption. A sharp differentiation must be made between those functional diseases which are related to the norm, psychologically intelligible, and not sharply isolated from one another, and those diseases which are caused by any gross interference, organic or exogenous, in the brain processes."

[11] Die symptomatischen Psychosen.

[12] Individualität und Psychose. Berl. klin. Wochenschr., 1906, 45–47.

[13] Bumke. Die Spielbreite der Symptome bei manisch-depressivem Irresein und bei den Degenerationspsychosen. Monatsschr. f. Psych. und Neur., Band XLVII, 1920.

There are indeed a few authors who make concessions to the psychological investigation of organic diseases, as, for, instance, Ewald, who considers *individual disposition* of importance in toxic diseases. Principally among them stands Kretschmer,[14] who desires to analyze even the psychological origin of the imaginative elements in every organic psychic disorder, and to investigate even the characterological as well as the experience factor. Seelert[15] found that the psychic individuality is an important factor in determining the symptomatic picture of paretic brain disease. According to him in a paretic with a manic constitutional complex, a manic picture easily develops. The more, then, that the exogenous symptoms of defect caused by organic brain disease increase, the more the manic symptoms decrease. Pernetz[16] says: "The organic process of paresis changes the normal affectivity not only in a qualitative but in a quantitative respect. It works towards increasing the affectivity."

The "deep chasm" which Jaspers maintains, and the "differentiation principle" which Kretschmer would strongly make, betray a cramp-like effort to hold on to the several still strong forts of "organic psychiatry." But this attempt at explanation of the relationship between the organic diseases on the ground that simple changes here represent "gross interference in brain processes," certainly would be all too dogmatic. For does there really exist an insurmountable chasm between "functional" and "organic"? This assumption would betray, as Freud in his "Traumdeutung" ("Interpretation of Dreams") says, a slender confidence on the part of the psychiatrist in causal connections between the bodily and the psychic. If it were possible to explain dementia precox psychologically, one could hardly say *á priori,* whether not even psychic symptoms or psychic determinants of an organic disease are required apart from the factor of organic change, to become intelligible. We can not abandon psychic determinism *á priori,* and we will admit the inadequacy of our skill in interpretation only after failing in our attempt. But we will not admit this until this technique of interpretation has been tested systematically in organic diseases, and never,

[14] Über psychogene Wahnbildung bei traumatischer Hirnschwäche. Zeitschr. f. d. ges. Neur. u. Psych., 45, 1919.

[15] Verbindung endogener und exogener Faktoren in dem Symptomenbild und der Pathogenese von Psychosen. Karger, 1919.

[16] Über die Bedeutung von Erblichkeit und Vorgeschichte für das klinische Bild der progressiven Paralyse. Zürich, 1917.

however, so long as it is *not* applied altogether for reasons of a speculative nature.

Although the methods of procedure, which we use, viz., the interpretative technique of psychoanalysis, lead to wholly different paths from those which have been discussed hitherto, it seemed expedient, nevertheless, to outline the nature of those efforts by which psychoanalytic inquiry could proceed in the study of paresis. But we must confess in accordance with the facts that hitherto even psychoanalysis seemed to consider general paresis as a "noli me tangere," even though psychoanalysis admitted in principle that even the organic mental diseases stand in need of a psychoanalytic supplement. Here Bleuler[17] may be quoted, who many years ago proved "Freudian Mechanisms" to exist even in organic psychoses, and Stuchlik,[18] who, without raising the philosophical questions of how the somatic and the psychic are related, considers the psychoses as disorders of independent psychic mechanisms. He proposes to call the organic psychoses, as psychic reactions of the sick brain, "cerebrosen." When Régis and Hesnard in their criticism of psychoanalysis[19] would characterize the "insatiability" of this trend of psychoanalytic investigation, they proposed the idea, apparently absurd to them, that it (psychoanalysis) in the end would even want to explain paresis analytically. In a reply to their criticism, Ferenczi[20] had stated at that time that the analytic explanation of certain psychic symptoms of paresis may be by no means an impossibility, and that sooner or later investigators would come to solve these problems. Mention should be made here of S. Feldmann, who in a lecture to the "Ungarische psychoanalytische Vereinigung," on the causes of disease in psychoses, proved by examples that even in organic mental disease the fixation on a stage of libido development is of importance.

In the following, the attempt is made to find out whether some of the symptoms of paresis can be made intelligible with the aid of psychoanalysis. In the first place the question is discussed whether

[17] Bleuler. Freudsche Mechanismen in der Symptomatologie von Psychoses. Psych.-Neur. Wochenschr., 1906, Nr. 35–36.

[18] Stuchlik. "Über den Psychosenbegriff" referiert in der Intern. Zeitschr. f. Psa., 1916–17.

[19] Regis et Hesnard. La psychoanalyse des nevroses et psychoses. Paris, 1914. See also Second Edit., 1923.

[20] S. Ferenczi. "Die psychiatrische Schule von Bordeaux über die Psychoanalyse." Intern. Zeitschr. f. ärztl., Psa. III, S. 352.

certain psychic symptoms of paresis are to be explained at all, and, if so, whether these interpretations correspond to those which have been the results of investigation hitherto obtained in the neuroses and psychoses.

We wish to review one case in detail, which may serve as an illustration, and to insert at suitable points, evidence gathered from observation of many other cases. It may be mentioned that the statements of the patient were taken for the most part in shorthand.

II. OBSERVATIONS (Hollós)

The patient, whose case I will deal with first, is a much tormented and financially ruined type-setter, forty-eight years old. Even in childhood he had to experience much disappointment and sorrow. As a four-year-old child, he lost his father, who died from tuberculosis. Even in his euphoria, he related with tears in his eyes, that he had had eight sisters, but the family had not gone hungry, for the community supplied them with food, and a merchant gave them clothes; also they had been permitted to attend school without a fee. Even as a young printer's apprentice he had contributed eight gulden weekly to the mother's household expenses—"and we lived very well." (He weeps.) A sister, who was a seamstress, died in her twenty-second year, also from tuberculosis. He had married in his twenty-second year; his wife deceived him with a cousin with whom she eloped. Sixteen years ago, that is, at the age of thirty-three, he said he had acquired gonorrhea and a chancre, and had gone through a treatment with ointments. Later he married a second time. He held an important position under the Soviet Government in Hungary. After the collapse of this government, he lost his position, was prosecuted, and, being without work or any support whatsoever, was forced to beg. He was also persecuted politically. (As a matter of fact he was delivered over as a prisoner to the insane asylum by the police.) On the day of his admission he showed a certain insight into his condition: "I am here in the insane asylum, the physician has diagnosed me as insane," he said, without any affect. "My insanity consists in a fixed look, but that's all right. They have examined me with Röntgen rays, and please, it has given me an awful pain in my back, a very sharp pain. My eyes are bad; I have a cataract, I see mistily; I receive a pension from the Printers' Association; I go on the tramway, and play on my flute; I make from three to four thousand kronen a day." It was ascertained that as a

matter of fact he knew how to play the flute. "Do you know what I do with the money? I buy a bag of food, lots of chocolate, sardines, cheese, butter, potatoes; then I have a good feed."

The patient was admitted to the hospital on December 13, 1919, and soon produced a whole characteristic system of paretic ideas of grandeur. We will "remove the icebergs from the North Pole; empty the water out of all the seas; canalize the globe; build gigantic houses for laborers; disarm the army, and proclaim the Republic." He becomes President, and deports the King into the Siberian lead works. In February he says: "I shall remove the lungs from the lung-sick patients, and likewise take out the brain, and will substitute for them the liver of a steer. Mankind will be so strong from this that they can kill a thousand steers; I cultivate the whole earth and make it fruitful." All this he effects with "sparks." (In Hungarian, he uses the correct word "szikra," but says more often instead of this, a self-coined word, "pika.") Later he says: "Men obtain after coitus a hundred million children. We grow daily; in a year we shall be two thousand meters long, and the penis will be one hundred meters long. The mouth will be so large that one can swallow up the whole world. The swine which remain in the sea (after one has dried it up), come to the slaughtering-bench. The bourgeoisie will look surprised if I condemn them to obtain only a plate of porridge and bread to eat."

In March he says: "With the sparks one can sow the earth in a second. All men must have sexual intercourse with their parents; that does not do any harm. To-morrow there will be an official notice in the newspaper that there will be no more physicians, because no more diseases exist, and it is a matter of course that every woman must have sexual intercourse; but with the sparks one can make them again into virgins; the father should have intercourse with his daughter; that is the natural thing to do—because it is one's own blood."

Later he says, on the same topic: "I too copulate with my daughter; with her it is entirely legitimate, because one becomes infected in a brothel. This is one's own blood; mixed blood causes cholera. I maintain that that is the legitimate thing, because when I was a one-year-old child I had intercourse with all the queens in Vienna." After six months in the hospital, his strength becomes ever more productive and infinite. First he believes he has earned wealth with his flute playing. Soon afterward he is the absolute president and reformer of the world. Later he becomes the Creator

of the World. For this purpose he carries out a strange procedure. He huddles up under the covers, places both hands under the armpits in such a way that the palms come to lie on his chest, makes rhythmic rubbing motions on his chest, and sings while doing so—self-composed songs, which often are senseless, and most frequently produce the impression of "Gstanzeln" (impromptu songs). Thus he "works" for hours at a time, and if one addresses him, his sweat-covered face betrays a certain satisfaction and joy while he gives the information that he has just now created millions of cigarettes, tobacco, "gulyás," bacon, printers' offices, etc. He explains: "I have sung a song, that all printing presses should go to a certain place; after an artificial coitus I grasp myself here on the two nipples, and rub, and then come the ham, bacon, meat, parlor stews (salongulyás'), coal."

This procedure he named by the word, "abálni," in English "cooking." (This word is rarely used in Hungarian and sounds much like another word, "zabálni"—"feeding"). Later he says: "Children will not be born. The child comes from the 'Aba'—('Abgekochtem'—from what is boiled) that I make. If I sing the Lorelei, then a child falls down. "Please pay attention" (murmurs to himself and rubs his chest); "now Adam and Eve have come out with all children, men, who never will die, because they are not made of clay. Those that were born do not live eternally. But I have fixed it up that man never dies."

At about this time, in August, he comes with a very remarkable communication: "I have been here since eternity. I have always lived well. I have always been King in the World, and when I fell down from heaven, there were 90 millions, 69 thousand from 13 to 1, and from 1 to 13 kinds of tobacco come together"—"on account of the shower, I was left behind here from a balloon, because I bought a roastbeef. I remained for this reason: I must learn the type-setter's trade; I am the most magnificent type-setter." He points out a bump on the top of his head; "it is a sign, he says, that he hit his head there on a rock when he fell upon the earth." Since this communication, he occupies himself mainly in acts of producing and animating men. In December he tells the following: "Yes, I have always lived; once I fell from Heaven—They wished to murder me, because I was a Socialist, and once my mother hid me in herself in the form of a cigarette. This penetrated her abdomen. I was cooked in my mother for 3900 years"—"When I came to the world, I was 32 years old, then I fell out of her."

The patient repeats this idea persistently with but incidental variations. At one time he says that there, "where he fell down, a range of rocky mountains sprang up out of his mind." Another time: "There was a great rain, and on account of it, I fell from Heaven; I was the First, and at once icebergs arose." Another time he says, "since he fell from Heaven, the whole world pays tribute to him, and sends him food"—"because there was a great anti-Semitic pogrom, and I suppressed it in the year of 1964, by military force; my mother put me in her vulva; I was once so little, like a cigarette, French roll (Kepfel), roll, worm." Another time: "My mother was worried about me; she made beans and noodles from me; as poppy noodles she ate me, and so I came into her belly—once she lifted something heavy and so I had the good luck to fall out."

The patient has been in the hospital more than a year. He repeats in similar fashion these as well as various other demented ideas. We will report some more items of interest later on. The patient became gradually weaker physically. The somatic examination confirms the psychiatric diagnosis of this case as general paresis; Argyll-Robertson pupils; slight speech disturbances; Wassermann + + + were recorded.

The psychiatrist is apt to "diagnose" paresis so soon as he hears the typical ideas of grandeur. Once the diagnosis of paresis is made, one concerns himself no longer with the "stuff and nonsense," which the patient produces in his talk and actions.

"The interest of the psychiatrist is finished as a rule," says Freud, "if he has formed an opinion of the delusional activities and their expression in the behavior of the patient; the amazement of the psychiatrist is not the beginning of his understanding." We had already experienced something similar in the case of hysteria, before Breuer and Freud advanced their doctrines. The same is true in dementia precox. Since then we know that investigators have certainly neglected most favorable opportunities to obtain an entrance into the depths of the psyche through lack of regard for the psychic symptomatology. If the observer should pay the same attention to the statements of the paretic, as they do to those of the hysteric or the paraphrenic, for example, the possibilities of finding "intelligible relations" would be obvious.

We will investigate whether dementia, loss of memory, grandiose ideas, statements of numbers, appear arbitrarily, "as a mere coincidence," in the psychic inventory of the patient; or whether a definite

determinism in the sense of the psychoanalytic psychopathology is present.[21]

We have indicated that the *numbers* which paretics state are capable of being interpreted. The interpretation of how *numbers* occur to the patient's mind cannot of course be made the subject of a systematic psychoanalytic investigation, but perhaps in spite of this we shall be able to arrive at many a conclusion.[22]

This the more, since the impression is often false that the paretic repeats the numbers arbitrarily. As a matter of fact, it is a question usually not of single numeric suggestions, but of repetitions. There are paretics who, sometimes for many months, state their age falsely. Let us first consider those *numbers* to which the patients in their grandiose ideas or otherwise give an unmistakable preference. Thus an engineer tells over and over that he will build a railroad track of 500 kilometers; later he states that the cannon, with the ball of which he will fly to Mars, has a diameter of 50 centimeters, and that he will reach Mars in 15 seconds. If we consider these data as *"perseverations,"* then we must assume an innervation duration extending over many months, since the same patient, in an examination four months later, speaks continuously of the fact that he is buying his fiancée 5 electric flatirons. "Perseveration" is, as we know, only a word, which leaves open the question of a more precise definition of the idea. A soldier, formerly a peasant, tells that he brought twelve Serbian kings out of Serbia, attended the "gymnasium" twelve years, and has twelve fine children. A physician speaks of 17,000 cases, which he had treated, then that a 17–18 year old vagabond had attacked him, and in another connection, that a colleague, when giving him an injection, had inserted the needle 7–8 times. Later he says that he was suckled for 18 months, and that in his 8th month he was already skipping about. The numbers three, six, nine enjoy

[21] Psychoanalytische Bemerkungen über einem autobiographisch beschriebenen Fall von Paranoia. Freud: Samml. kl. Schriften, III, Folge.

[22] I know of only one work in the literature which touches on this question: Förster-Gregor: Ueber die Zusammenhänge der psychischen Funktionenen bei der progressiven Paralyse (Monatschr. f. Psych. u. Neur., 27): "In the literature may be found expletive terms which are expressions in the comparative or superlative. . . . Also indications of grandiose ideas at least apparently exist. Thus a patient says: 'In order to lend the necessary gold [Geld].' A paretic reading the sentence, 'His wife fell ill, and he had no one to nurse her,' reads three times instead of the word 'nurse' (pflegen), the phrase, 'to bury her' (beerdigen). (Probably one case among many, which demands interpretations. Hollós)."

special preference with very many patients—more rarely, ten and five. We know what rôles these numbers, especially three, six, nine play in the analysis of neuroses, we also know somewhat of the significance of the sacred numbers in mythology. Naturally many paretics prefer those numbers which even in a normal state of health are retained more easily, and with which one can figure more easily. But aside from this factor, also an affective factor, *i.e.*, one of a purely psychic nature, seems to enter into the selection of the numbers fixed for perseveration. The patient, whose case we have given in detail, said at various periods that he lived 3 million 699 years, and again at one time that 3 million 695 radishes are in him. Then again he said that he was 39 years in his mother. On a much earlier occasion he said: "I was 3990 years in my mother." He relates, furthermore, that 3 years after he fell out of her, his reason returned to him. Another tells that for 30 years God sent men from heaven. On another occasion he tells again that God sent down 30 men and 30 women. A patient tells that he has 600,000 hectoliters of three-year-old wine, and more than 3000 cows. In another connection he says that many popes are in him, besides 6 King Matthews, and 3 Maria Theresa's. A sick physician says that he has received 6 doses of neosalvarsan, and 160 doses of embarin and that he has founded a newspaper, of which 6 million copies are to appear daily.

We now wish to point out those elements in the delusional formations of our type-setter which betray a relation with actual experiences. We find on admission of the patient, shortly after he had fallen ill, that almost all of his conceptions stand in the very closest relations to actual events. His grandiose idea still contents itself with playing on the electric flute, whereby he will earn 4000 kronen daily. Then he buys his sack of food, chocolate, sardines, cheese, butter, etc.—then feeding begins. Also he wants to cure diseases of the lung. (Let us recall the poverty of the whole family, furthermore, the fact that he was apprenticed as a twelve-year-old boy, and the privation of later years, must be attributed chiefly to this disease, which deprived him of the support of his father, and later of an older sister.) He wishes to cure infectious diseases. To become infected means in his vernacular, to acquire lues. He becomes infected in his 33rd year, and at that time that must have made a strong impression on him. He even heals psychic disorders; presumably a reference to the fact that this disease takes a not unjustifiably large place in his circle of conceptions, and that it therefore betrays a sort of concealed insight into the nature of his disease. Another paretic,

who has only one tooth in the cavity of his mouth, boasts of having several rows of immense teeth. Another, whose mother died early of tuberculosis, and who himself had catarrh of the apex of the lung, is founding lung sanitaria for the whole world. He compensates for the actual loss of potency by grandiose ideas of the greatest potency; he has a gigantic penis; later he says he can have intercourse with all the women of the world at one time. A notary 38 years old, expresses a similar idea: he can have coitus twenty times an hour; he will beget so many children that the population of Hungary will rise to 500 million. Another will ask the sultan for beautiful wives, and already has carloads full of children.

Many paretics assert that in their new system of the world, children would not be born from mothers. Our first mentioned patient says that from now on, he alone produces children, and that women no longer will become pregnant. Another paretic tells that from now on the Blessed Virgin sends children ready-made into the world; pregnancy exists no more. A paretic engineer is of the opinion that in the future the sperm will be injected artificially into women, in order to fertilize them systematically. In this connection the various birth phantasies of patients suffering from dementia precox may be recalled. Thus a schizophrenic once said to me that men originate not through coitus, but that a secret society makes many little children out of the bodies of deceased adults. We explain these and similar birth phantasies in neurotics as products of displacement, which concern especially painful ideas of genital processes. It is not difficult to assume further that in paretics, the suspicion of their own impotence and the displacement of this insight leads to the creation of phantasies of begetting in an extragenital manner. A paretic sergeant gives clear information about this. He denies that from now on children will come into the world at all, since, as he says, he has already performed coitus with everyone in the world ["die welt bereits 'abgeschossen, abgevögelt' hat"], and everybody will live eternally. It is therefore superfluous that more people should come into the world. At the same time, however, he says occasionally: "I believe that it is this way, that people can make no more children, because God has so ordained it." This is like a generalization of his own impotence, which is thereby deprived of its painful affect. (This statement sounds like the joke in which an old and impotent man, who happens to be the witness of an embrace, asks whether this foolishness still exists.) This first-mentioned paretic, among other things, founds a Socialist state, in which his

spirit of revenge finds expression against the bourgeoisie. We see from all of this that the first part of the symptom formation, the top layer, represents the sum of frank wish-fulfilment phantasies, built up according to an infantile pattern, in which distress, hunger, sorrow, sickness, the fear of being despised and persecuted, are metamorphosed into riches, health, power, honor, and above all in the gratification of much eating and drinking.

Just as this communistic worker founded even in his sickness a communistic world, in the same manner many nationally minded paretics reëstablish the integrity of Hungary. One of them says that in Rumania a revolution has broken out, and the district of Siebenbürgen has again united with Hungary. Another relates that he is the king of Rumania and gives everything back to Hungary. A third dedicates a work to his friend, Kaiser Wilhelm, who has ascended the throne, and gives back to Hungary its old boundaries. Another denies summarily that parts of Hungary were taken away; on the contrary, it is now the greatest and most powerful land.

Often the anamnestic material shows us the psychic sources of the paretic wish-fulfilment phantasies. A patient, a physician by profession, who tells many stories, and, as he liked to do even in good health, brags about himself, repeatedly tells the following story: "I was in a hospital on the battlefield, as subordinate physician ["Sekundararzt"]. In the same hospital there was also a surgeon, a superior officer, who treated me very meanly. Shortly afterwards I became the chief physician of the hospital and I revenged myself on him. I assigned him the service of attendant, anesthetized him, and cut through his right nervus brachialis, so that he became crippled, and could operate no more." As a matter of fact the patient had many conflicts with colleagues and surgeons, and other similar experiences on the battlefield (he was drafted into service as a subordinate officer, although he was a well known specialist and professor). It is not difficult to suppose with his impetuous nature, that he must already have pictured himself in a day dream as the one who cut the brachialis of his chief, and so rendered him incapable of operating, and now in his illness, the preformed phantasies are turned to good account.

Fragments from reading appear as recent elements in delusions. Thus a patient with some insight, during a remission relates that he had taken the paretic idea of a tunnel between Europe and America from Kellerman's novel, in which he utilizes even the "time machine" of Wells.

The delusional ideas here mentioned correspond to the unconcealed wish dreams of children. "The dreams of little children," says Freud,[23] "are frequently simple wish fulfilments. They present no riddle to solve, but are of course invaluable proof that the dream essentially represents wish fulfilment." The author of this section had the opportunity very often to observe such infantile dreams of children as well as of adults who were prisoners of war. The significance of these revolved for the most part about a feast, in which the prisoner of war sat at the table in his home, had plenty of the best food before him, and the people celebrated peace. Just this similarity in the factor of wish fulfilment forces the psychoanalyst to conceive of delusion and dreams as various outer expressions of the same wish-fulfiling tendency. Moreover, the works of Griesinger (1871–87) have already revealed with great clarity that wish fulfilment is a kind of conception common both to dream and psychosis.

"My own studies have taught me," Freud[24] continues on this theme, "that here is to be found the key to a psychological theory of the dream and of the psychosis."

We know that dream formation is rendered possible only through the sleeping state, in which the endopsychic censorship is reduced, and the sensory end of the psychic apparatus is closed. This prerequisite to the exclusion of sensory stimuli is not present in paresis, especially not in the psychoses. The paretic generally perceives impressions of the outer world quite well. Although certain disorders of perception can be demonstrated at an early stage, there can be no discussion of an exclusion of the outer world. The fact that the delusions are adhered to in spite of the actual, contradictory impressions from without, can be explained only by an infantile regression of the critical faculty.

In the first mentioned case, the patient constantly repeats that he is thirty-three years old, although he claims, on the other hand, that he has always lived, and will live forever. How does it happen that the patient, in spite of his immortality, always returns to the assertion that he is thirty-three years old? The explanation for this we owe to another patient, a deeply introverted precox, who never speaks spontaneously, but on being questioned, always states his age as twenty-four instead of thirty-four years. He is well oriented for time, writes on request the current year, 1920, and below that, the year

[23] Traumdeutung, S. 69.
[24] Ibid., S. 69.

he was born, 1886, subtracts correctly, and even writes down the result as thirty-four; but if he is asked his age again after that, he still repeats that he is twenty-four years old. The experiment was tried again after nearly a whole year, with the same result. This stubborn persistence gains an interesting illumination from the fact that the patient fell sick in his twenty-fourth year.

Another patient, a paraphrenic, who has been in the asylum since 1895, and on admission was twenty-seven years old, says in 1920 that he is twenty-nine years old. However, in doing so he corrects the date of the year by stating 1897 in place of 1920. Thus to him, the twenty-five years which he has passed in the asylum have remained "non arrivé," except for two years; to him the world seems to have aged, but he himself to have stood still from the date of his illness.

I could mention also a third similar case. The fact remains the same with all three, namely, that their age comes to a stop in that year in which they fell sick or were brought to the asylum.

This suspension of the passage of time through fixation to an important date or to one of misfortune, is, moreover, not unknown in other connections in life. We know forms of speech, which contain exaggerations of such a kind. One often says there was such and such an occurrence in which the "clock must have stood still," or "the sun must stand still in the heavens," or "this moment will never end." Even the history of the world has brought, in its steady passage, the reckoning of time to a standstill after important events, by beginning anew after the founding of the state of Rome, after the first Olympiad, after the birth of Christ. The train of years before the birth of Christ was not continued; time was concluded; it remained standing, as it were. Birthdays are clung to and celebrated just as are days of death. Man remains held to the days which brought greater affect, pain or pleasure. Why this happens, why the precox patient directs his interests not only away from the outer world, but also from a definite point in time reckoning, we shall not pursue further just now. But we can state that "perseveration" of the number of years given as the life age, can be explained psychologically even in paresis, and need not be set aside simply as an intellectual disorder. We know, for instance, that the paretic of whom we are writing fell sick with lues sixteen years ago, that is, in his thirty-third year. Whether this factor has importance, as in the precox cases mentioned above, we cannot decide just now. But since I found still other cases of paresis, in which these constantly

incorrect statements of age corresponded to the date of acquiring lues, I cannot avoid the conjecture that the date of this sickness was actually fixed by that age. A forty-eight-year-old prison warden told me that he had acquired lues in his thirtieth year. Later, on being asked the date we now write, he said: "Please just tell me, I don't know. I have very much to do; I must put the whole world in order." Then later he said: "Now we write 1902." If he is asked pointblank how old he is, he always says: "Thirty years, I am thirty years old. Everyone is thirty years old, also you gentlemen. I have asked that life be everlasting. Every man shall live eternally, everyone is thirty years old. No one has died, for I have locked up the world. No one becomes older than thirty years."

By chance there came to my attention an old patient's history in which the recording physician wrote verbatim as follows concerning the examination of the patient, a forty-one-year-old paralytic merchant: "He says that he had chancre in his thirty-first year. And neither to-day is he any older than thirty-one. This he constantly repeats."

Extraordinary, though not so conclusive, are those cases in which the patients do not cease asserting a false age, and in which this fixed, false age is always the correct one minus ten to fifteen years. How can this adherence be explained by the facts of acquiring lues?

Syphilis is very widespread; some people are terribly afraid of it. Yet when they are informed of being actually infected they are surprised and shocked. So strong is this shock that its after-effects will continue a long time. Before the patient, who up to this time has been undisturbed in his feeling of health, there opens up a dark, calamitous perspective. Since the circulation of the knowledge of the "metaluetic" nature of tabes and paralysis, this shock has become still more intensified. One may readily assume that falling ill of a disease, which so reduces the value of the personality as syphilis does, means a profound shattering of the ego-sense. Already the primary symptom—ulceration of the genital—is apt to draw the entire ego into sympathetic suffering. It is in keeping with this, that, according to Ferenczi,[25] profound disorders may follow the outbreak of the disease or the diseased state of the genitalia, in which case the idea of threatened impotence also can be operative.

In the case of the paretic type-setter, the patient gave spontaneously on admission the information that he had acquired lues

[25] Ferenczi. Hysterie und Pathoneurosen. Intern. Psa. Bibl., Nr. 2.

sixteen years ago. Later on, when the grandiose ideas began to flourish, he commenced speaking of his "immortality" and his unchanging age of thirty-three years. But at the same time he began to deny lues altogether, or to shift it onto others. First he said that not he, but his son, had lues. Later he said: "I have not incurred syphilis, but my successor; he has then crept into me, and thus was cured." For the fact that, in such a shifting upon the child, the symbolic significance of the penis could attain expression, countless dream interpretations and analyses of neuroses furnish proof. In a later connection he said: "I have not had syphilis, but my companion, Michael Tohn (his own name!), who crept into me—the scoundrel—who played a part inside of me." (Is he then outside?) "Yes, I have 'infected him out'." A paretic senatorial judge denies that he has had lues, but speaks particularly of the fact that he has eruptions on his body, through which small bugs creep in, influence him, irritate him, and call forth in him marvelous capacities. He asks the physician continually to remove these bugs by operation. In one connection he says: "The bugs are like a swarm of bees, and work wonders. They are really like small fairies." He draws the cover over him, murmurs obscene words to himself, says the bugs are all prostitutes, who were multiplying like bees. He has small sores on various parts of his body, and when we observe these, he says: "Here are the plagues. There are almost no more bugs there, rather uric acid deposits. These sores I consider to be a chancre." But he corrects himself quickly: "A soft chancre, I have had a soft chancre, but never lues. The bugs are bacilli of the chancre and gonorrhea." In a paretic, a twenty-nine-year-old married merchant, the psychic illness broke out suddenly as an attack of extreme nervousness with loss of consciousness and convulsions. It was a typical "paretic attack." After the attack he was delirious for almost two weeks. He said continuously: "I don't know where I am; please, Professor, examine my mind thoroughly; am I normal or not, because my case is a miracle. Or have you already heard the whole story? Yes, they have married me to someone; if I was not normal, I wouldn't have been permitted to do this." . . . (Are you married?) . . . "I don't know. I think not. There's a trick somehow. . . . Tell me, please, the law doesn't permit anyone in an abnormal condition to marry?" (To the question whether he knows Anna B—— [his wife], he replies: "I don't know her, I don't know.") But once he said spontaneously that he had lues, and that he didn't wish to marry, "until his blood is pure." After a few

days he says: "I am entirely cured. I am sorry that I married and have a child. I ask the pardon of everyone." Still later in an excited moment he says: "Doctor, I can't stand it, please give me potassium cyanide or a revolver; tell me, is it just that a man with negative blood should suffer so? I am guiltless as a new-born child." . . . "I know the head physician. They examined my blood before I married. My blood was negative; I had the right to marry, had I not? Have I made my wife unhappy?"

From these fragments, one can infer the strong fears and doubts which the patient had while still in a healthy frame of mind, namely, whether he, as a syphilitic, should have been permitted to marry. (Later the wife of the patient confirmed the fact that he had had lues eight years ago, that during the year and a half of married life he lived with great restraint, and very often consulted a physician without reason.)

One can sometimes observe with paretics in an advanced stage, that they neither speak of their lues spontaneously, nor wish to know anything of it. A classic example of this fact is given by a forty-six-year-old unmarried merchant from Siebenbürgen, who, on account of his extraordinary repression technique will be discussed further. His speech is dysarthric, his talk is often interrupted, slips of speech and forgetfulness sometimes disturb the course of thought, but one can follow in spite of all this. On the whole, he gives the impression, which one usually designates as "intellectually completely deteriorated," ["verblödet"]—"rendered demented." He is asked whether he once had syphilis. (Actually he had it twelve years ago.) The patient, who previously appeared always happy, smiling, affable, becomes rather red in the face, and says indignantly. "No— (pause). What is that? (Pause.) A disease? Well, has the Kaiser had syphilis?" (Laughs arrogantly. Scarcely notices the new question in his embarrassment, but continues in an increasingly excited manner.) "But that is no disease at all. I have never heard of that . . . not even as emperor. What is syphilis anyway? A disease? I don't know anything about it." (Somewhat relieved.) "You don't know anything about it either, you are just talking that way; I know nothing about it." (In a somewhat appeasing manner, moved.) "You don't know anything about it either, do you?" (Smiles.) "Do you? You don't mean it?" (Is silent awhile, stares before him, and sighs at length.)

After this statement, it is indeed not too presumptuous to suppose that the acquisition of lues was really that decisive event, which for our paretic type-setter signified the closing of a happy, and the beginning of an unhappy period of life, and which was determined by his insistence on his age. One may therefore assume that here the repression devolved upon an insufferably painful idea of having a calamitous "blood disease." The "lues complex" is thus repressed, and the fixed age takes over the rôle of a memory cloak. In most cases simple repression of the idea does not succeed; ever and again it steps forward from the unconscious, and must be worked over anew, as for example, *through conversion into the opposite; the idea of the fatal disease becomes the beginning of a new life.*

Repression of Consciousness of Sickness in General.—On closer observation of the paretic, one observes that the repression of the infection which has occurred is only a special case of the fact that paretics especially *wish to repress altogether insight into their disease.* The patient mentioned before says upon admission: "I am here in the asylum; the physician has diagnosed me as insane." He says his insanity consists in a "fixed stare"; he had severe spinal pains on account of which, he said, he was pensioned by the printers' union. But after a short time he became, as he says, the most healthy man; he was never sick; will never die, etc., etc. However, even from him, and in spite of the strongest repression, one can elicit certain evidences of insight into his disease. On one visit when the physician raises the cover which the man had drawn over his head, he awakes suddenly, starts up, seems somewhat disoriented, and says in a bewildered and depressed manner: "Now I am again sobered from my folly; I dreamed that I gave to you, Doctor, a banquet with champagne. Perhaps I've been in a lethargic dream. I don't know of what use this may be." To the question what the matter is with the seas, which he wishes to empty, he answers thoughtfully: "Yes, but indeed that's an impossibility for me. It would be a good thing, but it is impossible." Then he continues with the former theme. "It is frightful that I have considered every person to be my arm. The wonder is like that of Fregoli and Schaffer" (well known magicians in vaudeville shows). He says in his clumsy speech that he has the marvelous power of having all men in his arm. However, he knows that this is a diseased thought—"it is horrible." On the same afternoon this trace of insight is again repressed, and he will not even admit that in the morning he referred to the disease in any way. The concealed feeling of sickness has betrayed itself, more-

over, through a slip of the tongue. After he received a cigarette in the course of the visit, he asks for a match, and says: "In order that I may cure my sickness," instead of "in order to light my cigarette." Thus he must have a disease which must be cured!

One can feel a consciousness of sickness in many patients, even if it is not clearly outspoken, or even if it is entirely repressed. A forty-year-old paretic cobbler tells (from an old anamnesis) that he is Luther, the highest in the world, one thousand eight hundred milliards of years old, is a physician and Count von Kissingen, his wives are here, from them was the whole world created, he has no pains, his brain is quivering.

A sixty-two-year-old patient, who six weeks previously had an apoplectiform attack, says: "I was about to urinate, and then a flash went through my head, but I am well." The judge previously mentioned, who speaks of the bugs, shows a type of ambivalence towards these bugs, and says in the midst of most tremendous grandiose ideas and in the midst of his boasted feeling of health: "The bugs trouble and irritate me so that I see such horrid creatures in my brain. It is frightful." He even asks frequently that the bugs be driven out by "injections." The injections have also the significance of an antiluetic treatment. A paretic, who has completely repressed the consciousness of lues, although he had been tabetic even five years before his psychic illness, lies helpless in bed, and speaks to himself as of the King of the Jews: "That one is downstairs"—(pointing towards the ground floor) "and feasts in a fine salon in the hotel." "He who lies here in bed is another, and calls himself 'this one'." "'This one,' who can not go out, who has two teeth missing, who has no hair," . . . "I'm not 'this one'; I am the King of the Jews." "'This one' is a sick Christ."

In paresis, to be sure, we have to do for the most part with a not completely formed repression of insight into the disease, and the resulting feelings from the repression must be made innocuous through conversion into the opposite.

Rubbing Symptom.—We will now subject one of the previously described symptoms to a more penetrating investigation. The paretic type-setter goes through a procedure, as mentioned, that he calls "abálni" (cooking). He is accustomed to sing songs squatting under the bed cover, and to rub his chest. By means of this procedure he produces endless multitudes of food, cigars, houses and cities; destroys enemies and wild beasts; awakes the dead, and brings all living creatures, even men, into the world.

Such rubbing is known not only among paretics, but also among other psychotic patients. In advanced stages of paresis these patients often rub themselves sore. The hospital physician is often powerless before this symptom, and must resort to coercive measures. In the history of a paretic, for example, the following observations and similar ones are noted during four years: "The patient is disorderly, unclean, rubs his head" . . . "stares before him, rubs his head, and seems to count something" . . . "stares at the ceiling of the room, while he rubs his head quickly, whispers to himself; to the question of what he is doing he answers that he must drive away the pariahs, they are there on the wall, and he must rub his head seventy times . . ." "The pariahs do not allow the sister of mercy to bring him tobacco, and what else he needs." . . . "The patient rubs his head while he says this, does not shift his glance from a fixed point, and seems to continue to count to himself." . . . "He continually rubs his head, often hides under the bed cover, in order that he may be able to continue his manipulations so much the more quickly and secretly. Gets excited if one disturbs him . . . his hair is worn away, the top of his head is inflamed. . . ." "He often sings hymns to himself, but even then he never stops rubbing his head; he scarcely reacts to a question; on being called again he is irritated, scolds, after which he at once looks with a fixed gaze and staring eyes at the ceiling."

When I observed this case fifteen years ago, it did not of course occur to me to look for the "meaning" of the rubbing and singing. To-day we would assume that even this patient wished to overcome with his rubbing some power which prevented him from obtaining tobacco, etc.

A taboparetic boasts that he can cure all things in a marvelous way; he will "turn off" tabes in the future, he has made the invention that for this purpose one must rub the lower extremities with two sponges. I had two paretics under treatment, who believed that they could cure the patients on the ward, the one by massaging the patient, the other by rubbing his own limbs. [Even many so-called normal people have minor delusional ideas concerning the efficacy of chiropractic, osteopathic and other types of massage. Ed.]

At one time there was a dearth of water in the asylum; one had to fetch the water from a fairly long distance, and it happened that the paretic type-setter could not quench his thirst. Thereupon he began his peculiar behavior and, under the bed covers, sang the following song, which we (unnoticed by him) jotted down:

" He brings it to the young, he brings it to the old
There lie without water, there lie without kalaster
The plumber will cut a hole in his coat (Krie Schneiden[25a]*)*
They will not drink water either
The Targe has made water for himself
The carpenter has made water for himself
The finger has made water for itself."

Thus the singing went on for a long time, the contents of which places the magic method of wish fulfilment through rubbing beyond doubt. It looks very much as though agreeable feeling called up through rubbing became with this patient the nucleus of a sense of power in general, which then rendered possible the delusionary-magical activities. [Urinary phantasies. Ed.]

A manic paretic, who believes that he can cure an old gall bladder disease through rubbing with his feces, tells the following: "A woman by the name of Roll has saved me. It is an interesting machinery, rolling; everywhere in nature and in machines, in turbines, there is rotary motion. I rub myself in the region of the liver with my feces until I come into rhythm. There is a healing art, an electricity in the excrements." Manifestly the magic wish fulfilment is enhanced if the rubbing is carried on with this autoerotically so highly valued bodily product.[25b]

For the explanation of this symptom we can draw psychoanalytical interpretative anagolies from the rites and customs of primitive peoples; more remotely from folk tales and myths. Among primitive peoples, rubbing is a symbol of coitus; this rite also symbolizes the making of fire.[26]

[25a] "Der Spongler wird a Krie schneiden" is to be translated: "The plumber will cut a hole in his suit." It ("a Krie schneiden") refers to a localized Jewish custom in Austria, expressing mourning when death occurs in a family; every male relative cuts a hole in his coat, usually in the lapel. As to the word "Targe," it is "probably a 'made-up' word" [a neologism?].

[25b] Compare Störch on Magic Gestures in Schizophrenia. Nervous and Mental Disease Monograph Series, No. 36. Also the magic healing power of the excretions in primitive beliefs and customs. See Jones, Papers on Psa., 1923.

[26] According to an oral communication from Dr. G. Róheim: Fire was the first symbol of the marvelous power of rubbing, and it led men to hoping for other miracles through rubbing. The Aruntas rub a rock or a tree, in order that the totem animal may multiply. In fairy tales, marvels were brought about through rubbing a certain object. (Thus our paretic also rubs himself in order to work wonders, especially to conjure up food, men,

Significance of Sparks.—The development of the delusional ideas of grandeur now taking place in our paretic type-setter take on an ever increasing magical-animistic character. The patient begins to reiterate the idea of the "spark," with which he from now on performs his marvels. In Hungarian the word is "szikara," but he calls it "pika," composes it of "sziskra" (spark) and "bika" (bull). We know that the bull is the personification of masculine potency, and that the spark in the myths, in tales ("a spark fell into the womb of the maiden"), and often in dreams has the significance of semen. Folklore psychology knows fire, sparks, sperm, as power, with which heroes perform marvelous deeds. Even Prometheus was originally called "Pramantha," "the one who produces by rubbing." He produces fire and men through rubbing.[27]

Significance of Falling from Heaven.—Let us turn now to the very remarkable communication of the patient that he was hurled down from heaven. Even this is not an isolated case; many other paretics have told me similar stories.[27a] A forty-five-year-old miner tells me, for example, that he has fallen from heaven. He cries and repeats the following countless times, seemingly not particularly excited but rather to convince himself: "The good Lord in heaven, I command, command, because I was the first child on earth, they threw me down by force and intentionally; thus now I command him. Yes, yes, I swear in Hungarian, I am the richest man in the world, of all, of all, of all, except Kähler (name of the patient). Kähler commands every man, every Christ, every Turk, every Egyptian, because the good Lord threw me down, because I was very bloody at that time; my little sparrow bled (points to his penis), that is how it was, with this one I urinated, but I was the first who urinated on the earth." ". . . I command, I swear, I am the richest man—I was the first, the first, who was in the world, I, through the air, I fell through the air—I say so, the great good Lord permitted me to fall down from heaven to earth."

A third patient tells that he died in the asylum, came onto Mars, and from there by means of a cannon ball was shot onto the earth straight into his cell, where he (like the two others) struck his head.

animals, corn, houses, ships, etc.) See Jung: Psychology of Dementia Precox: Psychology of the Unconscious, and papers of Róheim, abstracted in PSYCHOANALYTIC REVIEW.

[27] Abraham. Dreams and Myths, Nervous and Mental Disease Monograph Series, No. 15, New York and Washington.

[27a] Fall of Satan, etc.; Adam and Eve Driven from Garden, etc. [ED.]

"There was a divine inspiration," he said. "In my great sickness came a heavy blow on the head, and in the same moment, I came to myself, and became well."

This fall-from-heaven now seems, in the mind of the patients, to signify a rebirth, with which they motivate their omnipotence.[28] This idea of rebirth is conceived by the first patient in very concrete terms: ". . . and at that time my mother concealed me within her in the form of a cigarette. This went into her womb. I was cooked three thousand, nine hundred and ninety years in my mother . . ." ". . . when I came into the world I was thirty-three years old. . . . I fell out of her." In another connection: ". . . I was in danger. My mother had placed me in her vulva. I was thirty-nine years in her . . . once she lifted something heavy, and so I fell out." "I have fallen in a rain from heaven, and as soon as I fell onto the earth, I was the first . . . immediately icebergs arose."

Also in our second paretic. He seeks to rationalize his power by assuming that he fell from heaven. The rebirth motive is here only indicated. He has to command, "because the good Lord threw me down—I was the first who urinated on the earth." The first mentioned patient speaks of a "rain," the second of "urinating" which are well known in folklore and myths as symbols of fertility.

A paranoid paretic asserts that at the moment he was born, he was lowered down to the earth in a box on the bottom of the Theiss river and was held there by force through five years. Then he was brought out of the water to his parents in 1875 (the correct year of his birth), who, however, were only his adopted parents. He calls this a rebirth. This delusion contains the typical symbols of the uterus, heroic destiny, and rebirth. [See Rank.]

The grandiose system of another patient, officer of a steamboat company, contains the rebirth motive although with an individual note. He says that one can live forever only that one would have to jump into Vesuvius for this purpose. He describes in vivid phantasy pictures the beauty of the interior of the volcano. "If you jump into Vesuvius, you will find there one thousand seven hundred year old antiquities and the king Matthew. We were underneath; they told us that that was hell, but please, just listen to me. There is no truth in that report; there are ships down there too; men live there; knights are there." The significance of the interior, of the "womb

[28] See Christian mythological parallels, and particularly Rank's recent monograph (1924) on the Trauma of Birth. [Ed.]

of the mountain" in mythology and especially in fairy-tales is sufficiently established for the psychoanalyst. In the same way are to be interpreted the delusional ideas in which two patients, independent of each other, present the whole absurd idea that they entered through the jaws of a shark into its belly, and then came out. [See Jonah and the Whale in Hebrew Mythology. Ed.]

The rebirth phantasy wins a special significance in the case of the type-setter, through this fact that he stopped the course of time itself in his thirty-third year, when he acquired syphilis. He links this event which brought him serious illness, with one much later, in which he was persecuted as a communist, and taken into custody. Even the second patient who likewise asserted that he had fallen from heaven, and had been the first to urinate on the earth, amalgamated the fall from heaven with the experience in the asylum, in which, as he declared, the attendant did not permit him out of the cell, allegedly threw him onto the floor, because he urinated. "Then I became the first," and ever since he rules the whole earth. A paretic in a very maniacal phase said: "You have not yet seen a king who has been born in a brothel. I am that one. The house here is a brothel, a purgatory, one can write here Dante's 'Lasciate ogni speranza!' ('Abandon every hope!'); I have suffered here; a patient has boxed my ears five times; but I told no one; I had to be a martyr here and work to become king. I have become king here."

It seems that offensive events [wounding the narcissus, Ed.] which at some period or other in the life of the patient called forth affects of anger, of depression, of unjust suffering, are condensed into one, and thus discharged. The fall from heaven with rebirth can be conceived as a symbolic condensation of ideas possessed of positive and negative affects. The "fall" represents the disadvantage of all that health and happiness mean, but as recompense and reward for this undeserved suffering, one is born again, and now as Hero, King, God.

Moreover, in the *phantasies of rebirth* one can find typical analogues among primitive peoples. It is known that the heroes were born again, and for the most part through incest. Rank[29] says among other things: "We find here too (with Osiris) the incestuous rebirth from his own mother, as with Bata, Attis, and many other

[29] Rank. Psychoanalytische Beiträge zur Mythenforschung, 3, 371. Also compare Fraser, The Golden Bough, complete and abridged editions.

heroes, used as a principal motive, and understand too, on this basis, the motive of reliving in fairy tales."

I will add to these "observations" the reproduction of a poem composed by a paretic, who in a period of remission writes down several very characteristic self-observations relative to the psychic aspect of general paresis. The patient was admitted to the hospital in 1889 with a diagnosis of paresis by Meynert. He remained under observation until his death in 1900. Somatic and psychical symptoms, in spite of their unusually protracted and irregular course, allowed no doubt of the correctness of the diagnosis. The case was characterized by a succession of depressive and manic phases, in the last of which the patient produced typical grandiose ideas: he was "at least a demi-god," a "giant of a fellow," bragged about pollutions (falsely), of a psychic power which surmounted all diseases, etc. In his grandiose deliria, he calls himself the "greatest and finest genius," speaks of "most marvellous spirit vibrations," asserts that he came from Mt. Sinai, furthermore that he "now in his fifty-eighth year, experiences the birth pains of his mother," etc.

Special attention may be called to the following stanzas from the poem:

MISFORTUNE AND END OF MY PARALYSIS

Festival Poem

Jubilee—In the twenty-fifth moon of paralysis

"As a remembrance of my paralysis from the thirtieth of April, 1889, Vienna, to the thirtieth of May, 1891, Budapest,—

To the true, genuine, noble medical science of healing psychic troubles."

In love and respect!—dedicated by

O. v. Sz.

To-morrow will have passed five and twenty months, that destiny so misused me.
Bestowed paresis upon me,
Which no longer—thank God—increases
Even to consuming and softening
My poor brain—but rather reached the point
Where I recover that elastic capacity for resistance
Which every sort of paresis provides for itself.

Now I will think of that time joyously,
Concentrate my whole attention upon it,
Consecrate to it my poor gift as a poet,
Bestow upon it my new life forces
In order that other culprits, too, may learn
Of such infernal perils
As still must be met,
If one does not want to perish soon miserably.
For in perdition is the end,
Which God may turn away from every upright man,
And may He guide each man thither,
May He never stir the fire in my brain,
Otherwise it will be all over with him.

And he can quietly lay aside the helm,
He is filled with God's blessing,
He is armed with the sign of the sage,
Which circulates through the world so seldom
That this alone may be a noble reward. . . .
And thus I conclude: God be praised,
I feel well all my life long,
This I feel out of the depths of my heart,
Once indeed I felt a thousand thousand pains,
All that is now past,
Now it is all the same,
The present state of feeling well
Has a good path,
Therefore good luck on the new life course.
As the light of day, after a most dark night,
In which one keeps anxious watch over a beloved being,
At an instant's notice is filled with anxiety,
Especially if one has deeply felt
The peril of the crisis, which the patient is passing through,
And in the morning now awakes from deep sleep,
How fresh he feels, draws a deep breath, opens wide his eyes,
Thanks God that He turned away his eyes in the crisis, and the family physician declares
The patient, sick unto death, has been spared.

So all takes on the stir of life
After the agitation of the critical vigil,
So strongly rejoices every one over his dear comrade,
That in everybody the anxious heart is overflowing with joy,
Instead of his growing stiff and cold before them,
He prays to God after the crisis, as a guarantee,
That now all perils are happily past,
And he who is not so sick, went through a heavy trial with admirable courage,
So great is the joy
After so much conquered suffering,
So great is the joy of the soul,
After so much untold misfortune,
Man indeed endures much, much more than he himself seems to endure.
Therefore, he is even stronger than he seems indeed to himself,
He succeeds in much more resistance
Than he believed himself capable of, and overcame obstacles so courageously
To know this makes every one feel so happy,
May he recuperate as well as he can.
In this consciousness lies such a power
As ever recreates something anew,
And this gives him that certain guarantee
That his volition no more his ability.
And let this be his treasure, his wealth,
(Which his Fate seems to ensnare him into)
And this makes him so bold and so strong
As the boundaries of a well-defended Empire,
This gives him the heroic courage
To protect himself, to be on his guard,
In order that he may resist further perils more easily,
Finally stands there as victor, unconquered.
Even after so many valiant fights
Then he will be the true hero
Whom God, in His grace, appointed himself
Then he will be the right man
Thereby God Himself has done right
Then everything will be all right again
For God was with him with His courage."

In his letters, too, he frequently puts down similar ideas: "... *My excellent constitution and other physical and psychic (intellectual) organization has already, as a kind of Miracle, returned me to myself.*" ... "*Through a higher grace of history, I have become again what I always wanted to be, namely, a human being*" ... "*and as strong as these fights were, everything has straightened out again, for then to those who have suffered good fortune has been given again for a new life which they are able to continue, even though at an advanced age, with rejuvenated strength*" ... "*After immeasurable psychic and physical tortures I have developed into a genuine Knight of St. George without fear and without reproach.*"

From a poem:

"*Thus I drink Lethe, in full consciousness,*
(I drink) Lethe in such a large quantity,
Imploring Anteus, like the Gods, for "Rejuvenating Strength,"
And I pray, pray.
May now the more than half-a-century old,
New-born man be forgiven."

This self-insight shows the soul of the poor paretic in active conflict with the evil forces which threaten to annihilate him. However, at length he succumbed to a last advance of the disease processes, in which primitive magic acts, of self-massaging and of clumsy "gymnastics" sufficed to make him the happiest of all dying people in the world.

For the characterization of the psychical end state of a paretic, I quote the following words of the paretic type-setter, who, at the beginning, spoke with comparative coherence, and who now—in the complete dissolution of his earlier personality—is enjoying a feeling of everlasting good fortune and omnipotence.

"*In my bed is the whole world, orphan-asylums, churches; nations come here. Please, request an attendant that she may go with you inside of me, and look at my head from the inside, at how large it is. They can come in with their spectacles and observe that the whole world, Europe, Asia, America, is here in me. I will tell you something great. I will destroy the gypsy who was here. I will also bribe the physicians who pierced my arm the last time, and took some blood. I have bribed the physicians, have made peas of them, and have transplanted them all over the house. Out of these are made*

pears, oxen, "parlor-oxen," pigs, "meat-pigs" which I cook up (abálok). Now come the goats, which have bellies and necks like this room. Siberia is a world, which one reaches by camel in ninety years. The camel is also a cheese worm; they are worms, and have received a little penis from me, whereby they always have intercourse."

III. THEORETICAL CONSIDERATION (Ferenczi)

Psychoanalytically one can approach the problem of the mental manifestations of paresis from various standpoints. The relation of the somatic disease to the psychical conditions seems to me to be indeed the most suitable point of departure. What descriptive psychiatry teaches us here is contained in a variant of the banal phrase "mens sana in corpore sano." There are, as we are taught, psychical disorders, which appear as direct results of bodily diseases or injuries. Concerning the explanation of the "why" the pre-Freudian psychiatry left us entirely in the lurch. Even psychoanalysis has been interested in this question only since the introduction of the conception of Narcissism.[30]

One of the motives which determined Freud to represent Narcissism, the relation of the libido to the personal "I", not as hitherto, as a curious perversion, but as a general human fact, was man's psychic behavior at periods of bodily invalidism.[31] The patient withdraws his interest and his love from objects of the world round about, and concentrates his attention more or less exclusively on his own self or on the sick organ. He becomes "narcissistic," *i.e.*, he is thrown back by disease onto a stage of development which he once went through in childhood. To further elaborate this idea, Ferenczi has [32] described the clinical picture of the "*Pathoneuroses.*" That is: a special Narcissistic Neurosis, which can result as a consequence of falling ill or from injury to the bodily parts or organs, especially of the erogenous zones, which are most important for life, or highly prized by the ego. The conception of the *Pathoneuroses* culminates in the idea that quantities of libido can be stored up not only within the

[30] S. Freud. Samml. kl. Schriften zur Neurosenlehre, IV Bd., S. 48 fr. (1914).

[31] Freud traces the appreciation of the "motif" of illness back to an oral suggestion by the author. F.

[32] S. Ferenczi. "Über Pathoneurosen." Zeitschrift f. a. Psa., IV, Jahrg. (Abgedruckt auch in "Hysterie und Pathoneurosen," Intern. Psa. Bibliothek., No. 2.)

ego in general, but in sick organs themselves (or in their psychical representations), and that to these stores of libido a rôle in organic regenerative and healing tendencies might be assigned. A confirmation of this assumption was found in certain observations on traumatic neuroses during the war.[33] The fact was established that a shock, which was accompanied by severe wounding, left behind either no traumatic affect or one much less important than a shock without bodily injury. This apparently paradoxical fact becomes intelligible only if one assumes that the narcissistic libido mobilized by the trauma, libido which psychoanalysis places as the primary cause of the traumatic neurosis, is used, in case of an injury received simultaneously, partly in "pathoneurotic" libido, is held prisoner in the wounded organ, with the result that it can no longer fluctuate freely, nor operate as a cause of neurosis (non-neurosogenic).

As a result, two suggestions can be advanced: *First,* that a wound to, or disease of, the erogenous zones can have as a consequence a severe psychic illness—in the opinion of the author, puerperal psychoses, for example, are really psychoses of this kind; *next,* that, as Freud also emphasizes, severe narcissistic psychoses of a purely psychogenic nature, for example melancholia, often are unexpectedly cured following an intercurrent organic disease, which imprisons the surplus libido.[34]

All these facts, which apparently lie far from our theme, are stated here because we shall venture to represent at least part of the mental symptoms of paresis as symptoms of a *Cerebral Pathoneurosis,* as neurotic reactions following injury to the brain, or of its functions, relatively speaking.

Naturally, it will not occur to anyone to underestimate the primordial rôle and significance of the purely somatic symptoms of paresis, of paralytic and irritative symptoms in the motor, vegetative and sensory spheres; it will also be admitted that the psychical functional disorders in large part are to be explained as defect symptoms, due to irritation, as a direct result of somatic processes. We will only add that another, perhaps not less important part of the mental symptomatology corresponds in fact, to the *psychical dominance over the narcissistic libido dynamics mobilized through cerebral lesions.*

[33] "Zur Psychoanalyse der Kriegsneurosen" mit Beiträgen von Freud, Ferenczi, Abraham, Simmel, und Jones. Intern. Psa. Bibliothek., No. 1, 1919.

[34] Jelliffe has advanced similar conceptions independently. See discussions in New York Neurological Society, Jr. Nerv. & Mental Disease. See also Jelliffe and White, "Diseases of the Nervous System," 1915, 1917, 1920, 1923.

At this juncture anyone not initiated into the more recent literature of psychoanalysis will certainly ask, in surprise, what in fact has the diseased brain to do with the libido? The brain may be indeed no "erogenous zone," injury to which could provoke a *Pathoneurosis* in the sense already herein described. This objection, however, is easily overcome. In the first place, in the sense of the Sexual Theory (Freud), we maintain that there is no bodily organ whose stimulation or disorder does not influence sexuality (biologically speaking) in some manner. Furthermore, there are particular grounds for the assumption that the brain and its functions, above other organs, enjoy an especially high narcissistic possession of libido or valuation. For just as the peripheral erogenous zones, in the course of development, give up the greatest share of their self-gratification to the most favorable of the leading (genital) zones, so that this last takes priority above all others, so is it true also of the brain in its development as the central organ of the *Ego* functions.[35] "It was perhaps the most significant contribution of organic development aiming at division of labor, that it resulted on the one hand in the differentiation of special organ systems, which have the centralization and distribution of stimuli as their task (psychic apparatus), and on the other hand, to the differentiation of special organs for the transfer of sexual stimuli (genitalia). The organ for the subduing of stimuli comes into ever closer relationship with the ego impulse; the genital, on the contrary becomes the central erotic organ." [36] While, however, the genital, *i.e.,* the executive organ dedicated to object love, strikingly displays its sexual character, the narcissistic-libidinous undertone, which accompanies all our higher psychic acts as a no longer rational "self-estimation" or "self-consciousness," is to be explained only by certain psychopathological phenomena.

Our hypothesis now is as follows: The metaluetic brain infection, by attacking the central organ of the ego function, provokes not only "symptoms of defect," but also disturbs as a trauma would do, the equilibrium in the housekeeping of the narcissistic libido, which then makes itself felt in symptoms of paretic mental disorder.

This hypothesis, of course, can claim only personal credence, if it contributes to making the single symptoms, as well as the total

[35] Schopenhauer designates the intellect and its organ, the brain, as opposite poles to sexuality and its organ.

[36] Ferenczi. "Hysterische Materialisationsphänomene," in "Hysterie und Pathoneurosen," p. 26.

course of the disease more intelligible to us. The typical stages of paresis therefore must be put through another series of tests for this assumption.

In general, even to-day, we hold to the scheme Bayle advanced a hundred years ago, according to which the course of paresis may be divided into the stage of initial depression, of maniacal excitement, of paranoid delusional formation and of terminal dementia.

Paresis often sets in with symptoms which impress the observer as "neurasthenic," a general impression which is composed of the indications of diminished somatic and mental power. This is presumably the only stage of the disease, which is exclusively characterized by defect symptoms, and even these very often remain unnoticed; the patient usually comes, as we know, under medical treatment in a later stage, already characterized by compensatory manifestations. Of the numberless symptoms of this "neurasthenic" period, we point out the very frequently observed reduction of genital libido and potency. Supported by our experience in other diseases, especially in the traumatic neuroses, we may confidently consider this symptom as a sign of withdrawal of libidinous interest from the sexual object; moreover, this symptom of disease prepares us for the fact that the quantity of libido removed from the object will emerge again to be employed in some other fashion.[37]

For the confirmation of this anticipation, one need not wait long. In the depressed phases of paresis there often arise soon after this initial stage, peculiar, hypochondriacal sensations throughout the body. The patients complain that a stone lies in their stomach, that their head has become an empty cavity, that their whole body is incessantly tormented by worms, their penis is gnawed off, etc. Now we acknowledge Freud's opinion concerning hypochondria, according to which this is a narcissistic actual neurosis, and as such is to be traced back to the painful storing up of narcissistic libido in the bodily organs. One can only add that hypochondria exists not only in persons whose organs in the anatomical sense are unharmed, for that is the case in ordinary neurotic hypochondria, but also in connection with actual injuries and diseases, if the store

[37] Against the assumption that loss of potency may be explained purely anatomically as through degenerative processes in the nervous centers of erection and ejaculation, or in the conduction paths, there speak later appearing states of exaltation, and states of remission, in which the potency of the man and the sex emotion of woman, which is adequate to it, can return in youthful vigor.

of libido mobilized as "opposition occupation" of the organic processes surpasses the heights required by the healing tendencies, and must be mastered in the psychic sphere. That is however the case especially in the pathoneuroses; the flaring up of the hypochondriacal syndrome in depressed paretics is thus not too small an argument for the pathoneurotic foundation of paretic mental manifestations. The neurasthenic-hypochondriacal initial stage remains latent in very many cases, and the patients usually come under the treatment of the physician as Hollós in particular has shown, already in a euphoric state of excessive activity, with reawakened libido and potency. This euphoria and this enhanced interest in the world around them, and least, but not last, in the objects of sexuality, is only an attempt, to overcompensate for the narcissistic-hypochondriacal lack of pleasure through convulsive object possession. In reality the hypochondriacal ground-tone temporarily manifests itself quite clearly through the "mood" of the patient, raised on account of heightened bodily functions, so that it is not hard to unmask this euphoria as a "hyponchondria with a positive sign."

The symptoms of this double initial stage, which, as mentioned, do not necessarily develop clearly in *every* case, are still especially active in the organic-physiological regions, and draw the psyche into joint suffering only in so far as it (the psyche) reacts on a pathoneurotic hypochondria with exaggerated displeasure, and reacts on an extensive euphoric overcompensation with pleasurable sensations. These two initial stages, as stages of the paretic actual psychosis, deserve to be distinguished from later, psychotic superstructures built up for the most part in the psychic sphere.[35]

The paretic actual psychosis is thus built up out of symptoms which can be traced in part to libido discharge, and convulsive reoccupation of the object, in part to a pathoneurotic, narcissistic intensification of the libido, provoked by organic lesions.

The euphoric mood usually does not last long with patients. If the indications of somatic and psychical insufficiency become more marked and multiply; if finally the most simple and self-evident capacities of the ego, or the organism, respectively, are injured; if dysarthria, sphincter pareses, etc., and intellectual deterioration make

[35] Psychogenic hypochondria (of the schizophrenics) arises, according to Freud, if the psychic narcissistic libido, which will not be overpowered, fastens itself upon an organ. In pathoneurotic hypochondria, the narcissistic libido, which is not sufficiently restrained by the organic process, must be overcome psychically.

their appearance, there develops a real paretic melancholia with insomnia, self-reproach, suicidal tendencies, loss of appetite, and emaciation, which can be distinguished from psychogenic melancholia sometimes only through the presence of the somatic signs of malignant brain disease.

There is no reason for not utilizing the psychoanalytic theory in explaining the mechanisms and psychic economy of psychogenic melancholia, as Freud has done, in the case of the paretic symptoms.[39]

Psychogenic melancholia, according to this theory, is a narcissistic psychosis; its symptoms are the psychic expression of any great injury and libido impoverishment, which the ego of the patient reached through the damage or loss of value of the IDEAL, with which it deeply identified itself. The feeling of sadness is the unconscious mourning for this devaluation; the self-accusations are really accusations behind which the suicidal tendency hide murderous impulses against the earlier love object, that is, against the part of the ego identified with that object. Another part of the symptoms are explained by the regression of the libido to earlier stages of sexual organization (oral-erotic and sadism).

The question whether there are only such "identification melancholias," or also melancholias following direct damage to the Ego itself, Freud leaves open.

My opinion here is that, with the melancholia of paretics, it is a question of such a psychosis as a direct consequence of injury to the Ego, the symptoms of which—sadness, self-accusations, and suicidal tendencies—have to do with a part of the self which as a result of brain disease lost its earlier capacities and readiness for activity. The patient's ego feeling, being deeply undermined, depreciates his self-estimation. The depressed paretic mourns for the loss of the once fulfilled Ego-ideal.

So long as the defect symptoms involve only separate peripheral organs, the paretic could withdraw from the situation psychically with only a pathoneurotic hypochondria, or even with reactive euphoria, therefore still in an "actual neurotic" manner. If however, the destructive process invades the most highly estimated activities of the Ego—the intellect, morality, esthetic sense—the self-observation of such a deterioration must draw after it the feeling of impoverishment of the sum total of narcissistic libido, which according to our sug-

[39] S. Freud. "Trauer und Melancholie." Samml. kl. Schriften, IV Bd., S. 356 ff.

gestion, is connected with the supremacy of the higher psychical functions.

A certain quantity of libido brought back from the object can still attach itself to the Ego, and this Ego expansion can act as a protection from sickness. Even mutilation of the body, the loss of a whole limb or sense organ need not necessarily lead to neurosis; so long as the libido itself is satisfied with the value of various psychical activities, every bodily deficiency can be surmounted by philosophy, humor or cynicism, indeed with pride, defiance, arrogance or scorn. But what can the libido cling to, if, entirely withdrawn from the objects, it finds in the activities of the weak and incompetent organism no satisfaction, and now is driven out from its last hiding place, that of self-respect and self-esteem of the Ego. This is the problem which confronts the poor paretic, and with which he has to struggle in the stage of melancholia.[40]

Many a "micromanic" paretic, even up to his death, never accomplishes this painful task; the majority of these patients, however, manage to get rid of this distress by means of a manic grandiose delusional reaction mechanism, or, more seldom, by means of an hallucinatory wish psychosis.

The observations given in the preceding section by Hollós, show us patients usually occupied with this defense mechanism, as in the manic-hallucinatory condition; for a very great number of patients first come to the asylum in this stage. However, while the "actual psychotic" and even the depressed-melancholy phases often remain latent, and quickly pass by and are explained euphemistically by descriptive psychiatry as a "variation of mood," the noisy and lasting symptoms of paretic grandiose ideas permit no doubt to arise as to the severity of the emerging psychical illness.

In a word, we follow even in the psychoanalytic interpretation of

[40] The fact that the bodily Ego is more easily given up as well as less highly esteemed than the spiritual, is shown by daily psychoanalytic observation of female patients, who allow their genital system to be examined by a woman physician without hesitation, but who often delay for weeks before deciding to tell the psychoanalyst something of their sexual life. "Il y a des choses qui se font, mais qui ne se disent pas." Likewise the catatonic in a state of waxy flexibility permits anything to happen to his body, which has become to him as immaterial as the outer world. His whole narcissism retreats into the spiritual Ego, which is, so to speak, a citadel that still holds out, though outer and inner forts are lost. Compare, in this connection, the article "Psychoanalytische Beobachtungen über den Tic," Zeit f. aerzt. Psa Jahrg., 1921 (Ferenczi).

the manic-delusional symptoms of paresis, that Freudian theory, according to which, psychogenic mania really means a triumph over melancholia, attained through dissolving into the narcissistic ego, the Ego Ideal, converted through identification, and bewailed and deplored on account of depreciation.[41]

In psychogenic mania this process is intelligible to us; the patient needs only to give up the identification with a foreign object and the "opposition investment" (Gegenbesetzung) mobilized through mastery over mourning for this person, becomes free for manic expenditure. The narcissistic Ego can feel happy once more, undisturbed by the claim of the Ego Ideal. But how does this come about, in the case of paretic melancholia? Can one free one's self even from integrating factors of the personal Ego, if they are depreciated in value directly through the disease? The facts already quoted whereby a "sequestration" of the body from the Ego in certain catatonics, permits the expectation to seem very probable that such a process may be even more deeply founded, and may concern even the psychical Ego. According to the conception here advanced, this occurs in paresis with the help of regression to earlier levels of Ego development.

It is unavoidable here to recapitulate briefly the path of development of the Ego, so far as it has become known to the psychoanalyst. Man comes into the world with the expectation of that unconditional omnipotence, to which the wish-free existence, guarded from every discomfort, in the mother's uterus, promised him. The care which is bestowed on the new-born child, also permits him to continue this illusion of omnipotence, if he only accommodates himself to certain provisos, which in the beginning are unimportant, and which are forced on him by the world around him. Thus we come to the division of grades of hallucinatory omnipotence, later of omnipotence with the help of magic movements and gestures. Then we come to the realm of the "reality principle," to the recognition of limits, which separate personal wishes from reality.[42] Adaptation to culture demands still more the renunciation of maintaining the narcissistic self, then the compulsive recognition of reality. The

[41] See Freud's researches referring to this in his "Trauer und Melancholie," l. c., and in his work "Massenpsychologie und Ichanalyse," Wien, 1921. (See English translation of latter. Boni & Liveright, 1924.)

[42] S. Ferenczi. Entwicklungsstufen des Wirklichkeitssinnes. Zeitschr. Psa. Jahrg., 1913. (See translation by Jones in Essays by Ferenczi. Badger, Boston.)

surrounding world requires from the adult, not only that he become logical, but also that he become attentive, clever, prudent, wise, and at the same time, moral and esthetic. It throws him even into situations where he must behave with self-sacrifice, even heroically. This whole development from the most primitive narcissism to the degree of perfection required by society (at least theoretically), occurs not entirely spontaneously, but under the constant guidance of education. However, if we expand Freud's theory of the rôle of the idealistic formation in Ego development[43] throughout this entire process of development, the education of children and young people may be described as a continuous progression of identifications with the educators taken for the ideal. In the course of this development, the Ego Ideal demands ever more ample lodging with the renunciations and denials demanded by it. It is, according to Freud, that "Ego nucleus" which behaves as the subject, which makes as the object of its criticism the remaining Ego that is narcissistic, and founds the institutions of conscience, censorship, test of reality, self-observation. Every new capacity which one attains means the fulfillment of an ideal, and provides, aside from a purely practical benefit, narcissistic satisfaction as well, and the enhancement of the feeling of self, the reattainment of the Ego stature, which had diminished through the unfulfilled ideal standards.

Of course, object libido must pass through a certain education, though not so severe a one, and learn to avoid at least gross defects in sexual morality (incest, some perversions). Therefore even the object love must become "just to the Ego" and must conduct itself from the viewpoint of benefit and narcissistic self-respect.

If now as a consequence of a paretic brain disease, essential products of this development are destroyed; if self-observation sends the report to the Ego Nucleus that not only important bodily capacities, but, also the highest psychical capacities are being ruined, the Ego Nucleus replies to this loss in individual values with the paretic depression here briefly described. If, however, the pain of this becomes intolerable, and it usually will become so, then the way lies open to narcissism to regress to periods of development, which in spite of their primitivity, were once just to the Ego Ideal. If the patient succeeds in surrendering ideals imposed on him by his cultural education, and to enliven regressive memories of kinds of activities

[43] S. Freud. "Zur Einführung des Narzissmus," l. c., und "Massenpsychologie und Ichanalyse."

and satisfactions, then his narcissism is well protected and the progressive decline of his true value can no longer harm him. If then the paretic process continues ever deeper, when, as it were, it gnaws from the bark (cortex), at old yearly rings in the tree of life, restricting the patient to ever more primitive functions, then the narcissistic libido creeps after these conditions ever more regressively, and the libido can do that since there was at one time a juvenile and infantile past, in which man, in spite of his helplessness, could feel self-complacent, indeed even more, namely: all-powerful.

The manic-delusional (apparently often setting in early) phase of paresis is thus a certain level of regression of the narcissistic libido to the mastered levels of Ego development. General paresis seen from the psychoanalytic viewpoint, is really Regressive Paresis.

Thus we come successively to the reanimation of more juvenile and finally more infantile forms of tests of reality and of self-criticism, to ever more naïve varieties of phantasies of omnipotence, distorted through rudiments of the healthy personality (as Freud pointed out in schizophrenic grandiose tendencies), and temporarily interrupted by lucid intervals of depression, in which the disorder that has taken place, is recognized at least in part through self-observation.

The original mechanism sketched here of the paretic psychosis comes most distinctly into expression in the circular types. Here melancholic depressions, provoked by the psychical domination of the gradually progressive disease processes, alternate with states of enhanced manic self-estimation as well as with successful self-curative periods. Depression is the "destruction of the world," which the Ego Nucleus must realize through the observation of the depreciated Ego-total, while the manically exalted "rebirths" point out to us that the Ego, with the help of regression, has succeeded in attaining more primitive situations which give satisfaction, in prevailing over the trauma of the libido impoverishment, and in finding again the lost self-satisfaction.[44]

Once more Freud's prediction is confirmed that the analysis of the psychoses will establish similar conflict and repression mechanisms of the personality, even in the sphere of the Ego psychology, as they have revealed themselves to us in the transference neuroses in the conflict between the Ego and the Object. This "sequestration proc-

[44] Dr. Hollós holds that disease processes of the brain tissue destruction signify libido impoverishment; restitution processes, on the other hand, increase of the libido in the organ.

ess," in which the injury of the Ego occurring in the manic phase becomes ineffective, is quite analogous to the neurotic repression, in which the denial of the libido on the part of the object, becomes unconscious. Naturally this can succeed only with the help of "recompensations" (Tausk), of claims which regression from earlier satisfaction offers for the lost satisfaction of the present.

If one considers the symptoms of the delusional system of paretics from this viewpoint they become more intelligible at any rate. One understands why the patient whose sickly body should be a picture of misery to himself as well as to other persons, feels not only entirely well, but even invents a panacea against all illness, and bestows everlasting life upon mankind. On that psychical level, into which his Ego regresses, it is enough for this purpose to hum magic words to himself or to execute magic rubbings. The capacity for hallucinatory or illusionary regression, helps him to feel, in spite of the fact that he has only one tooth in his mouth, that he is fitted out with many rows of excellent teeth. Or again, in spite of his evident impotence, he can boast of being the creator of all mankind; he needs only to return to the extragenital sexual theories of his childhood, to perform this miracle. The colossal loss in intellectual values occasions him no more disquietude; for he has succeeded in finding in place of the lost satisfactions, those of archaic, oral and anal means (greediness, soiling).[45]

If the hallucinatory magic is not able to prevent observation of the deterioration of the individual, he simply projects all that is unpleasant "upon his companion," or separates his whole bodily existence outside of his Ego, and declares "that one" (his sick body) is a sick Christ, while he is the King of the Jews, who can scatter enormous sums of money about, and boast of colossal dimensions. So many a patient becomes successively as Hollós has observed, Count, Prince, King, and God. Every real loss is balanced by a rise in rank.[46]

[45] See chapter on General Paresis in Jelliffe and White, "Diseases of the Nervous System," Ed. I, 1915, and subsequent editions where this formulation is stated in general outline; also White, "Outlines of Psychiatry."

[46] The symptom of increase in bodily weight, so characteristic in the paretic, one may regard—since the observations of Groddeck (and Jelliffe [Ed.]), who has shown psychoanalytically a strong psychical influx into the nutritive functions—as a bodily expression of the "ego expansion" striven for, *i.e.*, of narcissism. Also, compare the phrases: "He's all puffed up with pride." "Puffed up" ("Aufgeblasen"). The Hungarian says of a vain person: "He is getting fat from flatteries."

In simple computations, of which he is still intellectually capable, he can still give the correct result, which is obtained from the sum of his age on admission, and the number of years passed in the aslyum. To the question how old he is, he will reply consistently, since the self-complacency of the Ego is far mightier than every mathematical process, the age before his misfortune. The evil years since his illness are simply annulled, just as the child in Wordsworth's beautiful poem does not stop repeating, " We are seven." even though the sisters already lie in the churchyard.

Contemporaneous with this decline in the level of the personality all past degrees of erotic and libido organization are revived. There are inclination towards incest, homosexuality, exhibitionism, desire for display, sadism, masochism, etc. It is as if the whole process which in the course of development led towards the " polar separation" (bipolarity) of the impulses between the Ego center (brain) and the genital, became retrogressive step by step, and the Ego, purged of such " unbeautiful " impulses through education, was again flooded with eroticism. Thus the patient, the more he deteriorates, becomes ever more unrestrained and all-powerful, and dies in the euphoria of a helpless, but cheerful child.[47]

The analogy here presented between the psychogenic manic-depressive psychosis and paresis, can go still deeper if one recalls the introductory words of Freud in his Mass Psychology and the

[47] A. Stärcke in his book, " Psychoanalyse und Psychiatrie " (II. Beiheft der Intern. Zeitschr. f. Psa.), expresses his surprise that no clinical psychiatry has been founded on the basis of Ferenczi's " Grades of Development of the Sense of Reality " (" Entwicklungsstufen des Wirklichkeitssinnes "). This article may be of value as an initial research in this direction. At any rate, Stärcke himself says that in the psychoses, " paleopsychic layers, which otherwise lie deeply buried, and can be excavated only after laborious work, . . lie uncovered." (See Jelliffe, " Paleopsychology," PSYCHOANALYTIC REVIEW, Vol. X, 1923.)

It can be no matter of chance that between lues and the libido, many intimate relations exist. Not only the primary affect, but even the secondary outbreaks fasten themselves with foregone partiality to the erogenous zones (mouth, anus, genitals); though the tertiary infiltrations no longer, to be sure, show these localizations. In paresis, the spirocheta seems to have again established its old relationship, and to have settled in the " narcissistic zones." However, in this connection one may recall Freud's assertion, made so long ago, according to which, among the offspring of the syphilitic, very frequently severe neuroses as well as disorder in the libido economy, result. Incidentally, Freud points out the striking differences occasionally observable in the course of lues in the male and the female sexes, differences which refer to the dependence which the virulence of the disease has on sexual chemistry.

Ego.[48] "In the psychic life of the individual," he points out, "the opposite regularly comes under consideration as the pattern as object, as assistant, and as opponent. Individual Psychology is thus from the beginning, also a contemporary Social Psychology in this wider, but throughout justified sense."

In psychogenic melancholia it is a question of grief over the loss of an Ego Ideal serving as a pattern of the hate impulse towards indentification perceived in the act of becoming; the paretic process, on the contrary, destroys successively the grades following all accomplished, already fulfilled identifications, the sum of which signified the Ego Ideal.

These Identifications and Ideals, like the earlier levels of development, one must conceive, just as the frequently vivid hallucinations, personifications, etc., prove, as relatively independent, coherent complexes within the Ego, which can reattain their independence in the dream or the psychosis. At any rate, one can bring into parallel relations the above mentioned "sequestration process" in paresis and the mechanism of projection, and conceive them as opposites to those partial "ideal-introjections," as which the ego development appears to us in the light of analysis.

Even the last stage of paresis, that of complete "dementia," is not exclusively the direct result of destruction of nervous tissue; the Soul of the paretic, up to the last minute, may not be worn out in the endeavor to free the Ego in so far as possible, and to keep up to a certain level; and holds the strict sequestration of the painful "even to the loss of consciousness," while it brings about infantile, even fetal regression.

A psychoanalytic theory must make more intelligible the various trends which paresis may take. The principal types are the melancholic (micromaniacal), the manic (megalomaniacal) paretics, and the simple dementing processes. As is known, psychoanalysis demonstrates for the pathogenesis of the neuroses, an etiological equation, in which there occur constitutional as well as traumatic factors. To this rule paresis can be no exception. But the "choice of the neurosis," *i.e.*, the selection of the type of neurosis, in which the afflicted soul takes refuge, is dependent upon these two factors. Here is a situation in which the endogenous factor in paresis, already estimated in various ways in the literature, becomes an organic part. The manner in which the Psyche reacts to cerebral noxae; how the Ego and

[48] International Psycho-Analytic Press, No. 6, London, 1923. Also Boni & Liveright, New York.

Libido constitution is composed, and where the weak points, the "fixation points" of their development are situated cannot be matters of indifference in the estimation of the course of pathological processes.

We can assume as a matter of course that in a man who is strongly narcissistic from an early age, paresis will take on another coloring, and the psychosis another course, than in a man of a "transference type." The phenomena of regression to the oral erotic or sadistic anal-erotic fixations, will give rise to other symptoms different from those in an individual in whom there is a fully developed primacy of the genital zone. Also the past, in which the Ego development of the patient can be regarded retrospectively, the height of cultural development attained, or of the fulfilled ideals, can not be a matter of indifference for the kind and intensity of the pathoneurotic and psychotic reactions. It will be the task of future research to point out the separate influences of the Ego and of the sexual characters on the symptomatology of paresis.

Even to-day something can be said concerning the relation between the trauma and the psychotic symptom selection. By this is not meant the significance of the pathological-anatomical state, although a time may come when we shall receive many an explanation in this connection also, but certain temporary and topical factors in the illness.

Just as an unexpected death draws in its wake a more intense grief, or a sudden disappointment in the narcissistically loved object, a deper depression, so a stormy pathological cerebral process also might evoke a more vigorous pathoneurotic reaction. These facts may stir the psyche to a more aggressive compensatory activity than a slowly developing brain disease. In the latter case we might rather expect a simple deteriorating process. Here the traumatic factor is lacking, which can lead to the mobilization of great quantities of narcissistic libido, and provoke a paretic melancholia and mania.

In addition to this time factor there comes under consideration a topical factor as well, but, for the present, not in the sense of an anatomical or histological localization, but in the sense of the factor of the Freudian metapsychology.[49] The violence of the reaction of

[49] Compare Freud's metapsychological articles in his "Kleinen Schriften zur neurosenlehre," IV Bd., as well as in particular his researches into "Mass Psychology and the Ego."

depression to the brain disease, and naturally also of the opposing manic reaction, one must represent, according to the foregoing consideration (analyses) as dependent on the degree of tension difference between the Ego Nucleus and the Narcissistic Ego. If the Ego Nucleus (and its functions, self-preservation, knowledge, etc.) remains relatively exempt from displacement, then the enormous decline in the most various bodily and psychical capacities must draw after it strong psychotic reactions; but if together with this general psychic deterioration, Ego criticism also fails, the disease will apparently present the picture of simple deterioration.

The excited megalomanic paretic thus does not deserve to be represented as "completely uncritical" as would seem to be the case as described in existing literature. This designation suits the paretic with simple deterioration, while in the micro- and megalomaniac, it is the sensory self-criticism that calls forth the striking symptoms. A part of the paretic manic or depressed patient can recover from the psychic shock, and still live for years either normally or with very slight defect; indeed this is an irrefutable evidence that his psychotic symptoms were of a "functional" nature. On the other hand, the process can later seize the next relatively exempt Ego Nucleus, where the manic-depressive phase follows the condition of destruction. Through the reduction of the critical faculty on the part of the Ego Nucleus, the tension hitherto occurring between the latter and the narcissistic Ego residue disappears, a tension which really brought about the compensatory activity, so that the individual, this time become truly "uncritical," can be at peace, and endure the wider, progressive decline of his faculties without special emotion.

There is a clinical picture of paresis, seldom met it is true, but one which from theoretical considerations, deserves special attention, I mean the "agitated" or "galloping" form. This sets in with profound unrest, senseless speech, fits of anger, and degenerates soon into an hallucinatory anxiety-delirium, in which the patient is constantly confused, screams and scolds disconnectedly, destroys everything, runs around, seizes the attendants in a brutal manner, allows himself to be cared for in no way.[50] "Personifications" manifest themselves in the patient, give him the most extraordinary commands, which he carries out literally. These patients usually die very soon,

[50] See the example in Bleuler's Textbook of Psychiatry, Brill translation, Macmillan, 1924. Also in White, Outlines of Psychiatry.

often only a few weeks after the breaking out of the psychic disorder, from exhaustion following the indomitable pressure of activity.

Pathological anatomy still owes us an explanation for this special form of paresis, so that we are justified in interrogating psychoanalysis concerning this point also. Here one finds an expedient which to be sure is founded on Freud's metapsychological formulations. In the majority of cases, the deteriorating process begins, as we saw, in the "Ego-Periphery," that is, with the deterioration of the bodily functions, and then lays hold upon the higher psychical capacities gradually or more swiftly, but still holds together the Ego Nucleus. The unity of the personality is maintained, even if on regressive levels; the Ego Nucleus can protect itself from complete displacement through opposing mechanisms and reaction formations; the libido investments of the Ego portions to be "sequestrated" and the identifications are thus saved, in good time, in the "Ego Nucleus," which becomes ever more narcissistic.

However if we assume that the disease process (whether it be a question of psychology or of histology), first attacks the Ego Nucleus and its functions only in exceptional cases, then the cement which unites the various parts of the personality, may be washed away, and the separate "identifications" and "personifications" which have still had no opportunity to transfer their libido holdings, can find expression independent of, and without regard for one another, and form the just described picture of galloping paresis.

The theoretical interest in this explanation, if it were correct, would be, however, that, by continuing the Freudian comparison between individual and crowd psychology, we would thus arrive at a symbolic conception even of that "organization" which comprises the Psyche of the individual. Here also, as in the psychology of the crowd, we could recognize the libido, i.e., the narcissistic libido, that force which links together the separate parts into a unity. Here too, as in certain organized groups, there would be a hierarchy of components placed one above the other; but the capacity for activity throughout the organization would depend on the existence of a leading factor superior to all others, and this supremacy is assumed by the Ego Nucleus in the individual Psyche. If this leadership fails, then in the individual, as well, there results that state of confusion which is known to us in Crowd Psychology as panic. With the dissolution of the libidinous bonds between the separate Ego factors, in favor of the principal Ego, there ceases also the connection between the

elements which have become subordinated to one another, since, according to Freud, the single motive of such a coöperation, is the emotional relationship to the centralization of the common leader. The fact that in the case of hallucinatory confusion, usually also an overwhelming anxiety is released, makes this analogy certainly still not more improbable. The situation is, as if, in such a "panic," all psychic energy, accumulated in the course of development, was suddenly released, and transformed into "current energy."

Of course, one should seek to explain in a similar manner the non-paretic cases of *Anoia* (Amentia), for example, the symptoms of most toxic deliria. On the other hand, through these "patterns of the individual soul," the way would be pointed out for the explanation of psychical tendencies towards unification hitherto unexplained, even of the basic facts of thought association. The pressure towards a unification of two psychic factors would thus arise on account of a libidinous consideration of a third "leading" complex, *i.e.*, the "Ego Nucleus."

But now it is time to close these speculations on a stereo-chemistry of the Psyche, and to return to the central theme. Many psychotic manifestations of general paresis, as well as the entire course of this disease, prove themselves to be not inaccessible to psychoanalytic explanation; this much one may state confidently. Indeed this attempt at an explanation leads to paths of thought which promise to solve perplexing problems in the total range of psychology and psychiatry. If one applies a standard of truth to values proved by experience, one might venture the belief that psychoanalysis, which hitherto has declared itself competent only for an understanding of the so-called "functional" psychoses, now deserves consideration also in organic psychiatry.

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